

County of Los Angeles – Department of Mental Health

**CRITICAL INCIDENT STRESS DEBRIEFING
TRAINING APPLICATION FORM**

Please Print or Type

THIS FORM IS TO BE USED ONLY FOR APPLICATION FOR THE CRITICAL INCIDENT STRESS DEBRIEFING WORKSHOP. THIS FORM MAY NOT BE USED FOR OTHER TRAININGS.			
Each applicant must provide a unique identifying number. For county employees, this is the County Employee Number. All other applicants must provide their first and last initial and the last four (4) digits of their Social Security Number. If the correct information is not provided, the Training and Cultural Competency Bureau will not be responsible for record keeping, and no certificate of attendance will be issued.			
CRITICAL INCIDENT STRESS DEBRIEFING		Date(s)	
Training ID (found on upper right corner of bulletin page)			
County Employee Number (non-county employees supply last four digits of SSN)			
Name			
Program, Service or Agency			
Work Address			
City		Zip Code	
Job Title			
Work Telephone		Fax	Email
License or Credential Number(s) (complete as many as applicable)			
CAADAC	LCSW	LPT	LVN
MD	MFT	Psychologist	RN
I understand that by taking this course, I am obligated to serve as a member of the Los Angeles County Department of Mental Health Critical Incident Stress Management Team.			
Signature _____ Date _____			
Supervisor's Approval (applications will not be processed if supervisor signature is not present on this form By granting approval to the above applicant, I am agreeing to release the applicant to serve on the Los Angeles County Department of Mental Health Critical Incident Stress Management Team.			
Signature _____ Phone number _____			
Printed name _____			
Return application to: Training and Cultural Competency Bureau Department of Mental Health County of Los Angeles 550 S. Vermont Ave., 6 th Floor Rm. 605 Los Angeles, CA 90020 Fax: (213) 351-2026 Phone: (213) 738-2318			